

# Utah Department of Environmental Quality

## Division of Drinking Water

### Public Water System Inventory Report

Run Date:  
08/04/2011 11:59 am

**PWS ID:** UTAH10008      **Name:** MOAB KOA CAMP

**Legal Contact:** MOAB KOA CAMP      **Rating:** Approved  
GREG ROBINSON      **Rating Date:** 04/09/1996

**Address:** PO BOX 418      **Activity Status:** Active  
MOAB, UT 84532

**Phone Number:** 435-259-6682

**City Served (Area):**

**County:** GRAND COUNTY

**System Type:** Non-community      **Last Inv Update:** 03/08/2011      **Avg Daily Prod:**

**Activity Status Cd:** Active      **Last Snty Srv Dt:** 03/23/2010      **Total Dsgn Cap:**

**Population:** 150      **Surveyor:** MARK BERTELSON      **Total Emerg Cap:**

**Oper Period:** 4/1 to 9/30

**Gal/Day   Gal/Min**

### Contacts

Contact Type	Name	Title	Phone Numbers		Email Address
			Office	Emergency	
AC	ROBINSON, GREG		435-259-6682	435-259-8315	kingsmead23@yahoo.com

### Service Connections

Connection Type	Meter Type Code	Meter Size	Number Connections
Combined	Unknown	0	45
			45 Total Svc Connections

### Storage

**Total Storage:** 0 GAL      **Number of Units:** 1      **Adequate Capacity:** NO

No.	Name	Type	Effective Volume	Constr Matrl	Overflow Elev	Activity Status	Press'd
ST001	STORAGE FACILITY ST001	Hydropneuma		Steel		A	NO

### Distribution System

Pump Type	Total Dyn Head ft H2O   P.S.I.	Pressure Adequate	Cross Connection	Auhority Statement
No				

### Sources

No.	Source Name	Activity Status	Source Type	Well Dia.	Safe Yield *	Pump Capacity	Location Data On File	Water Type	Availability	Period of Operation	Grnd Wtr Indicator
WS001	KOA CAMP WELL 1	Active	WL				Yes	GW	Seasonal	4/1 to 9/30	

\*Reports measured flow for wells, approved design capacity for all other sources.